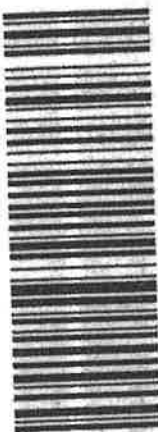


HKP

HARFENIST KRAUT & PERLSTEIN LLP  
3000 MARCUS AVENUE,  
LAKE SUCCESS, NEW YORK 11042

*Suite 2E*



70J4 05J0 0000 4594 25J2

CERTIFIED MAIL™

DO NOT WRITE IN THESE SPACES  
PLACE STICKER AT THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

Hasler  
10/17/2017

US POSTAGE

\$06.89<sup>00</sup>

ZIP 11040  
011D11639107



North Greenbush Ambulance Association  
409 Main Ave,  
Wynantskill, New York, 12198

NIXIE 061 DE 1

0010#27/17

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

UNC

BC: 11042109699

\*0545-10676-17-43

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OCT 26 2017

WV  
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## SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

North Greenwich Ambulance Assoc  
409 Main Ave  
Wynantskill, NY  
12198

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent

## B. Received by (Printed Name)

☐ AddresseeD. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Priority Mail Express™☐ Registered ☒ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number  
(Transfer from service label)

7024 0520 0000 4594 2512